



**COMMERCIAL BUSINESS LICENSE APPLICATION**  
**For NEW OWNER, NOT CHANGE OF USE**

<u>NUMBER OF EMPLOYEES</u>	<u>ANNUAL LICENSE FEE</u>
0 – 10	\$100.00
11 – 20	\$170.00
21 – 50	\$335.00
51 – Over	\$675.00

Number of employees to be based on **40 hour per week full-time** equivalents on an annual basis

BILL # _____	<b>OFFICE USE ONLY</b>		Account ID _____
NEW _____ RENEWAL _____	LICENSE NUMBER _____	DATE RECEIVED _____	DATE DUE _____
EXPIRATION DATE <u>December 31 Annually</u>	LICENSE FEE \$ _____	LATE FEE \$ _____	TOBACCO FEE \$ _____
BUILDING INSPECTION FEE \$ _____	TOTAL AMOUNT DUE \$ _____	RECEIPT # _____	

**ALL ITEMS MUST BE COMPLETED OR APPLICATION WILL NOT BE ACCEPTED.**  
 PLEASE SIGN AND RETURN APPLICATION WITH PAYMENT.

NAME OF BUSINESS (Please print or type)		BUSINESS PHONE	
BUSINESS ADDRESS		BUSINESS OWNER'S EMAIL ADDRESS	
MAILING ADDRESS	CITY	ZIP	
NAME OF BUSINESS OWNER	OWNER'S DRIVER'S LICENSE NUMBER	OWNER'S DATE OF BIRTH	
U. B. I. NUMBER	NUMBER OF FULL TIME EMPLOYEES	NUMBER OF SQUARE FEET	OPERATING HOURS
OWNER OF PROPERTY (LESSOR)	PHONE	ADDRESS	
TYPE OF BUSINESS (Please check one): <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC			

**PRODUCT OR SERVICE SOLD (PLEASE DESCRIBE FULLY)**

IS YOUR BUSINESS LOCATED WITHIN ANOTHER BUSINESS CURRENTLY LICENSED WITH THE CITY OF MOUNTLAKE TERRACE? YES \_\_\_\_\_ NO \_\_\_\_\_

EMERGENCY NOTIFICATION: Name/Phone \_\_\_\_\_

<u>MARIJUANA/ CANNABIS</u> DOES YOUR BUSINESS INCLUDE ANY CANNABIS ACTIVITIES OR PRODUCTS?  YES _____ NO _____ If yes, please complete the attached form & add the fees indicated to your business license fee.	<u>TOBACCO PRODUCTS</u> DO YOU SELL TOBACCO PRODUCTS OVER THE COUNTER OR BY A VENDING MACHINE?  YES _____ NO _____ If yes, please complete the attached form & add the fees indicated to your business license fee.	<u>HAZARDOUS CHEMICALS</u> DO YOU USE OR STORE HAZARDOUS CHEMICALS OR EXTREMELY DANGEROUS SUBSTANCES IN YOUR BUSINESS, OCCUPATION, OR INDUSTRY?  YES _____ NO _____ If yes, please complete the attached form.
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NOTE: Businesses located within the City are subject to:

- > Compliance with all applicable City Ordinances;
- > Occupancy Certificate; Required before issuance of license (contact the Building Department for information; contact the Planning Department to verify zoning and allowability of proposed use);
- > Permits; Required for all signs, building construction or remodeling;
- > Periodic Inspection and approval by Building and Fire Departments.

I understand that this is an application for a business license and granting of a license to do business is subject to approval by the City after review.

APPLICANT'S SIGNATURE \_\_\_\_\_

**STAFF REVIEW:** Check approve or disapprove\*, date, sign and return to Business License Specialist in CSU. \*If disapproved, please complete "Comment" section.

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**PLANNING DIVISION:**

APPROVE \_\_\_\_\_ DISAPPROVE \_\_\_\_\_ DATE \_\_\_\_\_

TYPE OF ZONING \_\_\_\_\_ CONDITIONAL USE PERMIT \_\_\_\_\_

SIGNATURE \_\_\_\_\_

COMMENTS \_\_\_\_\_

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**POLICE DEPARTMENT:**

APPROVE \_\_\_\_\_ DISAPPROVE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

COMMENTS \_\_\_\_\_

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**FIRE DEPARTMENT:**

APPROVE \_\_\_\_\_ DISAPPROVE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

COMMENTS \_\_\_\_\_

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**BUILDING DIVISION:**

APPROVE \_\_\_\_\_ DISAPPROVE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

COMMENTS \_\_\_\_\_

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**ADMINISTRATIVE SERVICES:**

APPROVE \_\_\_\_\_ DISAPPROVE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

COMMENTS \_\_\_\_\_

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Date Initials